Obstacles to Breastfeeding to WHO Guidelines Among Rural Women in the Dindigul District of Tamil Nadu, India

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Introduction

The benefits of breastfeeding for both the baby and the mother are well-established. Colostrum, the first breast secretion following childbirth, has unique immune-protection properties due to high antibody and immunoglobulin content. Breastfeeding is important in the development of the immune system, and women who exclusively breastfeed are less likely to develop autoimmune diseases and certain types of cancer. Breastfeeding helps in the production of protective antibodies that are integral in preventing diarrhea and pneumonia. Therefore, the World Health Organization (WHO) has established the following guidelines: 1) Breastfeeding should be introduced within the first hour after birth. 2) The infant should be fed exclusively breast milk until 6 months of age, and 3) Breastfeeding should be given to the child until at least two years of age. In Tamil Nadu, however, only 35.5% of children under five are stunted and 25.7% experience wasting. 35% of children under five are anemic due to lack of iron supplements. 35.5% of children under five are stunted and 25.7% experience wasting.

Methods:

A breastfeeding practice questionnaire was designed to access the following factors during individual interviews: the mother’s education, pregnancy and birth history, her breastfeeding knowledge and ability, her ability to bring her children to work and breastfed in public, her connections to other women in community institutions, and the financial and cultural pressures to breastfeed. The answers to interview questions were analyzed qualitatively and quantitatively. Stress level indicators were identified from literature review and used to quantitatively assess mothers’ stress levels relevant to breastfeeding.

Demographics:

Among the 30 women interviewed, 15 were working productively outside of home and 15 were not. Of those working outside of home, 7 were in unorganized sector while 7 worked in organized sector. The average age of the participants was 26 years; they were spread across four demographic regions in Dindigul. The Village of Ottakolapet in the North and Suburbs of Dindigul was made up exclusively of women. The Village of Alangadeni in the North was also made up exclusively of women. The Village of Ottakolapet was another scheduled caste village with 20% of the respondents. Pudupatti and Papukkanal were both back ward development regions and accounted for 50% of the sample. The other two villages have one to two hundred residents, which accounted for 10% of the sample. Nearly 40% of working women were casual laborers in the private sector, ranging from service and front desk jobs to agricultural labor. Given that the other women who worked as hospital nurses, teachers, and workers in shops were hired on a salary bases, they were not considered as a part of the unorganized sector. All participants utilized antenatal checkup services at either a government or private hospital and half of the 30 women underwent cesarean delivery, while one third had an induced delivery. A common problem in this region is women who were not medically cleared to breastfeed prior to 6 months, the most common reason for a C-section was a diagnosis of low amniotic fluid which is often overdosed in facilities without proper imaging equipment.

Results

Exclusive Breastfeeding: Approximately 53% of the study participants were able to practice Exclusive Breastfeeding (EBF) for at least 6 months, higher than reported rates in Tamil Nadu and consistent with the results of the distribution of EBF of WHO, however, is uneven, with nearly 40% of women stopping EBF before four months in the overall sample. Of the working women, 7 of 15 EBF for at least 6 months, while of the 14 non-working women did so. This difference was not statistically significant (p = 0.32). The difference, however, is still scientifically important as it may show a trend that will become more evident in future studies. Another reason for breastfeeding is the protective effect on children. For those who stopped before 6 months, the top three reasons were: 1) insufficient milk, 2) fear that the baby is hungry at 3, and 3) baby felt it was not natural to breastfeed. At the time of the 14 of the 15 women were asked EBF prior to 6 months, the most common supplements were water, cow milk, and cereals, an infant formula brand. Water was preferred by non-working women while cereals was used by working women. When asked the reason behind choosing Cereal, a product that was not readily available in the village, all three women said that they saw the advertisement on TV. Many women also used cow milk as a supplement to breastfeeding. The amount of water given by all mothers was relative to the baby’s age and weight (volume 750 ml), with the majority falling into a range between 150ml and 1L a day.

Good Breastfeeding Practices: Other factors of the 27 women who were able to recall were fed colostrum to babies. For those unable to feed the baby was often in the ICU. In one case, however, a mother was unconscious following her C-section and her mother-in- law supplemented her with breast milk out of her breast. Most other women, however, fed colostrum because of immunological benefits. Another reason was lack of colostrum was that separation of milk. Many women believed that she was not simply a natural process and that baby the baby could drink. Within the sample, it was found that only 12 of the 27 women were able to breastfeed for the recommended two years; this was a statistically significant (p = 0.024) difference between productivity working and non-working women was seen.

Other Factors and Breastfeeding

Exclusive Breastfeeding was associated with the proportions of women who were able to fulfill each category. For Exclusively Breastfeeding for 6 months, 100% of those who experienced Normal Birth Stress were able to be EBF for 6 months. The group that had the most difficulty adhering to the WHO guidelines was that of women experiencing health issues within the first year of the child’s life. Women who were able to be breastfed for 6 months. Among women who were able to be breastfed for 6 months, women who were married had a statistically significant relationship (p < 0.05). A trend was found in the proportion of women who were able to breastfeed. Women who were married were 2.5 times more likely to breastfeed. This trend remained significant (p = 0.01). This was previously shown to be an issue within the healthcare system. In the older generations, there were zero C-sections and having joint pain at the age of thirty was unheard of in general, the number of women who were married had a statistically significant relationship (p < 0.05). A trend was found in the proportion of women who were able to breastfeed. Women who were married were 2.5 times more likely to breastfeed. This trend remained significant (p = 0.01).

Conclusions

Exclusive breastfeeding is a positive step towards reducing child mortality in India. However, the challenges faced by rural women in Dindigul District of Tamil Nadu, India, who are unable to breastfeed for at least 6 months, are significant. While the majority of women in the study were able to breastfeed for at least 6 months, there were still challenges faced in this region. The mothers of the children who were unable to breastfeed for at least 6 months were often unable to provide breastmilk due to lack of access to medical care. This highlights the need for improved access to healthcare services and support for breastfeeding mothers in rural areas. Furthermore, the mothers of the children who were unable to breastfeed for at least 6 months were often unable to provide breastmilk due to lack of access to medical care. This highlights the need for improved access to healthcare services and support for breastfeeding mothers in rural areas.

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